

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023054

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 3426

3426

VS 300
Rev. 4/59

1

2 3868

3

4 0

5 1

6

7 1

8 1

9 153.8

10

11

12 86-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
43 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3621 Warwick
McCarty Nursing Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
16 E. 68th Street

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Galen W. V. R. Gloyd

4. DATE OF DEATH Month Day Year
June 27 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4-29-1884

9. AGE (last birthday)
78 Yrs

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Engineer

10b. KIND OF BUSINESS OR INDUSTRY
Architect

11. BIRTHPLACE (City and state or country)
Macomb, Illinois

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Stephen Gloyd

13b. MOTHER'S MAIDEN NAME

Mary E. Metcalf

14. NAME OF HUSBAND OR WIFE

Betty H. Gloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
No

17. INFORMANT Address
Betty H. Gloyd 16 E. 68th Street K. C. Mo

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of colon

INTERVAL BETWEEN ONSET AND DEATH
6 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fibrosing Pleuritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-25-58 to 6-27-62 and last saw her alive on 6-24-62.
Death occurred at 1:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Marvin S. Muller M.O.

22b. ADDRESS

6400 Prospect K.C. Mo

22c. DATE SIGNED

6-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
6-29-62

23c. NAME OF CEMETERY OR CREMATORY
Forest Hill

23d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Stine & Mc Clure Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

6-29-62

26. REGISTRAR'S SIGNATURE

Ruth H. Long

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Martin G. Muller
535 Maple Bldg
St. Louis Mo
11:30 -

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.